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MAY 31, 2006

**DECISION AND ORDER  
OFFICE OF HEARINGS AND APPEALS**

**Hearing Officer's Decision**

Case Name: Personnel Security Hearing

Date of Filing: November 25, 2005

Case Number: TSO-0314

This Decision concerns the eligibility of XXXX XXXXXXXX XXXX (hereinafter referred to as "the individual") to hold an access authorization under the regulations set forth at 10 C.F.R. Part 710, entitled "Criteria and Procedures for Determining Eligibility for Access to Classified Matter or Special Nuclear Material."<sup>1/</sup> A Department of Energy (DOE) Operations Office suspended the individual's access authorization under the provisions of Part 710. This Decision considers whether, on the basis of the evidence and testimony presented in this proceeding, the individual's access authorization should be restored. As set forth in this Decision, I have determined that the individual's security clearance should be restored.

**I. Background**

The provisions of 10 C.F.R. Part 710 govern the eligibility of individuals who are employed by or are applicants for employment with DOE, contractors, agents, DOE access permittees, and other persons designated by the Secretary of Energy for access to classified matter or special nuclear material. Part 710 generally provides that "[t]he decision as to access authorization is a comprehensive, common-sense judgment, made after consideration of all relevant information, favorable and unfavorable, as to whether the granting or continuation of access authorization will not endanger the common defense and security and is clearly consistent with the national interest."

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<sup>1/</sup> An access authorization is an administrative determination that an individual is eligible for access to classified matter or special nuclear material. 10 C.F.R. § 710.5. Such authorization will be referred to variously in this Decision as an access authorization or security clearance.

10 C.F.R. § 710.7(a).

The individual was granted a DOE security clearance after gaining employment with a DOE contractor. However, the local DOE security office (DOE Security) initiated formal administrative review proceedings by informing the individual that his access authorization was being suspended pending the resolution of an inquiry into certain derogatory information that created substantial doubt regarding his continued eligibility. This derogatory information is described in a Notification Letter issued to the individual on September 19, 2005, and falls within the purview of potentially disqualifying criteria set forth in the security regulations at 10 C.F.R. § 710.8, subsections (h) and (j). More specifically, the Notification Letter alleges that the individual has: 1) “an illness or mental condition which in the opinion of a psychiatrist causes, or may cause, a significant defect in judgment and reliability [of the individual]”; and, 2) “[b]een, or is, a user of alcohol habitually to excess, or has been diagnosed by a psychiatrist as alcohol dependent or as suffering from alcohol abuse.” 10 C.F.R. §§ 710.8(h) and (j) (Criterion H and Criterion J, respectively). The bases for these findings are summarized below.

The Notification Letter states on April 21, 2005, the individual was evaluated by a DOE consultant-psychiatrist (DOE Psychiatrist) who diagnosed the individual as suffering from Alcohol Dependence with Physiological Dependence, in Early Full Remission, based upon diagnostic criteria set forth in the *Diagnostic and Statistical Manual of the American Psychiatric Association, IVth Edition TR (DSM-IV TR)*. According to the DOE Psychiatrist, this is a mental condition that causes or may cause a significant defect in the individual’s judgment or reliability. The Notification letter further states that the individual: (1) has been arrested for Driving While Intoxicated (DWI) on three occasions, in June 2004, in May 2001 and in June 1981, (2) acknowledged that his excessive use of alcohol contributed to his divorce in 2001, and (3) admitted that during the months prior to his most recent DWI in June 2004, his excessive drinking caused him to miss work or to report to work with a hangover.

In a letter received by the DOE Office of Hearings and Appeals (OHA) on November 25, 2005, the individual exercised his right under Part 710 to request a hearing in this matter. 10 C.F.R. § 710.21(b). On December 2, 2005, I was appointed as Hearing Officer. After conferring with the individual and the appointed DOE Counsel, 10 C.F.R. § 710.24, I established a hearing date. At the hearing, DOE Security called the DOE Psychiatrist as its sole witness. Apart from testifying on his own behalf, the individual called as witnesses his father, sister, plant psychologist, alcohol counselor, Alcoholic Anonymous (AA) sponsor, supervisor and three close friends. The transcript taken at the hearing will be hereinafter cited as “Tr.” Documents that were submitted during this proceeding by DOE Security and the individual constitute exhibits to the hearing transcript and will be cited respectively as “DOE Exh.” and “Ind. Exh.”

### Summary of Findings

The following factual summary is essentially uncontested. However, I will indicate instances in which there are disparate viewpoints regarding the information presented in the record.

The individual initially sought a security clearance in 1985 after gaining employment with a DOE contractor. During the background investigation of the individual, it was uncovered that the individual had been arrested for DWI in June 1981, at age 20. A Personnel Security Interview (PSI) was therefore conducted with the individual on June 7, 1985, to address the associated security concerns. During this PSI, the individual revealed that he began drinking in high school, and by age 20 he was drinking two to four beers twice during the week and eight to twelve beers on the weekend, usually at bars with his friends. On the occasion of his June 1981 DWI arrest, the individual admitted that he had been drinking prior to being stopped by the police for going through a red light. The DWI charge was later reduced to Exhibition of Acceleration and the individual received a \$75 fine. DOE Security determined that the concerns regarding the individual's alcohol use were resolved by the PSI and the individual was granted a security clearance.

However, the individual's consumption of alcohol escalated while he was in his late 30's and early 40's, to the point that he drank two to three 16-ounce beers many nights, sometimes in combination with mixed drinks, and became intoxicated on a regular basis. The individual was married in 1995, and his wife began to express concerns about the individual's drinking. The security concerns regarding the individual's use of alcohol were revived in May 2001, when the individual was arrested on a second charge of DWI when driving home from a co-worker's bachelor's party in an intoxicated condition. The individual was summoned for a PSI, conducted on June 20, 2001, and the individual was then referred to a DOE psychiatrist for an evaluation. Based upon this psychiatric evaluation, the psychiatrist determined that while the individual was a user of alcohol habitually to excess, he did not meet the criteria of alcohol dependence or alcohol abuse. Following another PSI, conducted in April 10, 2002, DOE Security determined that no further action was necessary and the individual was allowed to retain his security clearance.

The individual stopped drinking for two to three months following the May 2001 DWI, but then resumed drinking at his previous level. The individual's resumption of drinking put considerable strain on his marriage. In July 2003, the individual sought marital counseling with his plant psychologist, who referred the individual to a Employee Assistance Program (EAP) counselor. Although the individual discussed his drinking during these monthly sessions, the primary focus of this EAP counseling was the individual's marital difficulties rather than treatment for his drinking. In late 2003, the individual discovered that his wife had been involved in an extramarital

affair. After confronting his wife, the individual filed for divorce in October 2003. During this time period, the individual again stopped drinking for approximately three months in an effort to possibly save his marriage. However, his wife and children moved out in November 2003, and the individual entered a phase of heavy drinking. During this period, the individual drank eight to ten beers, or mixed drinks with a shot of liquor, every night and was intoxicated frequently. During the early months of 2004, the individual often reported to work in a hungover condition, and called in sick two to three times a month, because of his excessive drinking.

The individual's heavy drinking culminated on June 22, 2004, when he was again arrested on a charge of DWI. On this occasion, the individual was on a business trip out of state, and went out drinking with some of his co-workers. The individual consumed a number of mixed drinks before being driven back to their hotel by a designated driver. After returning to the hotel, however, the individual decided to take the rental car out for a drive because he couldn't sleep. The individual stopped at a convenience store to purchase a 16-ounce beer which the individual drank and continued to drive. Apparently, someone noticing the individual's condition telephoned the police. Upon leaving the scene, the individual began driving on the wrong side of the road and nearly hit the patrol car of the police officer responding to the scene, causing the individual to scrape a guard rail with the rental car. The individual refused the breathalyzer test since he knew that he was legally impaired. Pursuant to this DWI arrest, the individual served a two-day jail sentence and was fined \$750.

The individual has consumed no alcohol since his June 2004 DWI arrest. Upon returning to his job, the individual immediately contacted his plant psychologist and EAP counselor who referred the individual to an intensive outpatient alcohol treatment program (IOP). The individual also began attending AA, and acquired an AA sponsor. After completing the IOP, the individual began an aftercare program, and continued monthly sessions with his EAP counselor. In addition, the individual agreed to be subjected to random alcohol tests administered through his plant psychologist.

A PSI was conducted with the individual on February 10, 2005, relating to the June 2004 DWI. The individual was then referred to the DOE Psychiatrist who reviewed the individual's personnel security file, and performed a psychiatric interview and evaluation of the individual on April 21, 2005. In her report issued on May 6, 2005, the DOE Psychiatrist diagnosed the individual with Alcohol Dependence with Physiological Dependence, in Early Full Remission, based upon diagnostic criteria set forth in the *DSM-IV TR*.. The DOE Psychiatrist further determined that the individual showed signs of having a Major Depressive Disorder which might relate to the individual's previous excessive use of alcohol. The report of the DOE Psychiatrist notes that the individual has been under psychiatric treatment for anxiety and depression since 2001, and that he was taking an anti-depressant medication, Effexor, at the time she evaluated him.

The DOE Psychiatrist also finds in her report that the individual's alcohol dependence is an illness or mental condition which causes or may cause a significant defect in the individual's judgment or reliability, until such time as the individual is able to demonstrate adequate evidence of rehabilitation or reformation. In this regard, the DOE Psychiatrist noted that the individual had been abstinent since June 2004, had completed the IOP, and was continuing in aftercare, AA with a sponsor, and EAP counseling. The DOE Psychiatrist therefore recommended as adequate evidence of rehabilitation: 1) continued attendance at AA meetings with sponsorship at least two times per week for another year; 2) continued individual counseling as deemed necessary by his present counselor; 3) evaluation and treatment by a psychiatrist to fully assess and monitor continuing need for psychotropic medications such as Effexor; and 4) random blood tests and alcohol screening at least once a month for a period of one year. As adequate evidence of reformation, the DOE Psychiatrist recommended that the individual maintain two years of sobriety if he goes through the specified rehabilitation treatment program, or three years of sobriety if he does not.

## **II. Analysis**

A DOE administrative review proceeding under 10 C.F.R. Part 710 is not a criminal matter, in which the burden is on the government to prove the defendant guilty beyond a reasonable doubt. *See Personnel Security Hearing*, Case No. VSO-0078, 25 DOE ¶ 82,802 (1996). In this type of case, we are dealing with a different standard designed to protect national security interests. A hearing is "for the purpose of affording the individual an opportunity of supporting his eligibility for access authorization." 10 C.F.R. § 710.21(b)(6). Once DOE Security has made a showing of derogatory information raising security concerns, the burden is on the individual to come forward at the hearing with evidence to convince the DOE that granting or restoring his access authorization "would not endanger the common defense and security and would be clearly consistent with the national interest." 10 C.F.R. § 710.27(d). This standard implies that there is a strong presumption against the granting or restoring of a security clearance. *See Department of Navy v. Egan*, 484 U.S. 518, 531 (1988) ("clearly consistent with the national interest" standard for the granting of security clearances indicates "that security determinations should err, if they must, on the side of denials"); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990), *cert. denied*, 499 U.S. 905 (1991) (strong presumption against the issuance of a security clearance).

I have thoroughly considered the record of this proceeding, including the submissions of the parties, the evidence presented and the testimony of the witnesses at the hearing convened in this matter. In resolving the question of the individual's eligibility for access authorization, I have been guided by the applicable factors prescribed in 10 C.F.R. § 710.7(c): the nature, extent, and seriousness of the conduct; the circumstances surrounding the conduct, to include knowledgeable participation; the frequency and recency of the conduct; the voluntariness of the participation; the

absence or presence of rehabilitation or reformation and other pertinent behavioral changes; the motivation for the conduct; the potential for pressure, coercion, exploitation, or duress; the likelihood of continuance or recurrence; and other relevant and material factors. After due deliberation, it is my opinion that the individual's access authorization should be restored since I conclude that such restoration would not endanger the common defense and security and would be clearly consistent with the national interest. 10 C.F.R. § 710.27(d). The specific findings that I make in support of this determination are discussed below.

#### A. Derogatory Information

The DOE Psychiatrist diagnosed the individual with Alcohol Dependence, based upon her review of portions of the individual's security file and the individual's admitted history of excessive alcohol use ending with his third DWI in June 2004. See DOE Exh. 16 (Report of DOE Psychiatrist) at 12-14, 17-18. The individual does not dispute this diagnosis. Tr. at 111. The DOE Psychiatrist's diagnosis is further corroborated by the assessment of diagnostic testing administered by the EAP counselor in July 2004, which indicated "a high probability of alcohol dependence." Ind. Exh. 3 at 2.

I therefore find that DOE Security properly invoked Criteria H and J in suspending the individual's security clearance. The DOE Psychiatrist's diagnosis of Alcohol Dependence is amply supported by the record of this case. In other DOE security clearance proceedings, Hearing Officers have consistently found that a diagnosis related to excessive alcohol use raises important security concerns. See, e.g., *Personnel Security Hearing*, Case No. TSO-0168, 29 DOE ¶ 82,807 (2005); *Personnel Security Hearing*, Case No. VSO-0079, 25 DOE ¶ 82,803 (1996) (affirmed by OSA, 1996); *Personnel Security Hearing*, Case No. VSO-0042, 25 DOE ¶ 82,771 (1995) (affirmed by OSA, 1996); *Personnel Security Hearing*, Case No. VSO-0014, *aff'd*, *Personnel Security Review*, 25 DOE ¶ 83,002 (affirmed by OSA, 1995). In these cases, it was recognized that the excessive use of alcohol might impair an individual's judgment and reliability, and his ability to control impulses. These factors amplify the risk that the individual will fail to safeguard classified matter or special nuclear material. *Id.* Accordingly, I will turn to whether the individual has presented sufficient evidence of rehabilitation or reformation to mitigate the security concerns of DOE Security.

#### B. Mitigating Evidence

According to the individual, his DWI arrest in June 2004 was a life altering experience. The individual explained that he did not believe that he had a serious alcohol problem following his May 2001 DWI since the DOE psychiatrist who evaluated him at that time determined that the individual did not suffer from alcohol dependence or alcohol abuse. Tr. at 98. However, the individual now openly acknowledges that his excessive drinking during the months following his separation and divorce, and particularly the

June 2004 DWI, forced him to face his alcohol addiction and to seek treatment as soon as possible. The individual testified that he was “remorseful, humiliated, scared, embarrassed” by his June 2004 DWI arrest incident, in which he struck a guard rail after nearly colliding with a police officer and was required to spend time in jail. Tr. at 103. The individual has consumed no alcohol since that day and marks his official sobriety date as June 23, 2004. Tr. at 134. The individual went to see his plant psychologist the day after he was allowed to return home, confessed his alcohol addiction and agreed to a treatment program. Tr. at 12, 17, 104.

The plant psychologist referred the individual to his EAP counselor who, in turn, referred the individual to an intensive outpatient alcohol treatment program (IOP). The individual testified that the IOP was “a six-week program, four nights a week . . . for three hours a night. And I went to every one.” Tr. at 106. The EAP counselor’s August 2004 report to the plant psychologist states that the individual began his IOP on July 1, 2004, and successfully completed the program on August 5, 2004. Ind. Exh. 3 at 3. The report further states that “[the individual] has been fully compliant with all treatment requests and has agreed to attend AA two times weekly, aftercare one time weekly, attain and utilize a sponsor and continue counseling with his [EAP counselor].” *Id.* The plant psychologist testified that the individual took his treatment “very seriously” and “[w]e got a favorable response back from the EAP that he was doing what he was supposed to do, and continued with his AA, and was really doing well.” Tr. at 13.

The record indicates that the individual continued in weekly aftercare treatment sessions and monthly sessions with his EAP counselor until June 2005. Tr. at 107, 109. The individual was also subjected to random alcohol testing during this period and has continued to be subject to random testing. Tr. at 14-15, 112; see Ind. Exhs. 2 and 4. The EAP counselor’s June 2005 report to the plant psychologist states: “[The individual] has complied with all EAP recommendations. He reports sustained abstinence for a period of one year. At this time, [the individual] appears stable and in sustained remission. Please be advised that he has been discharged from EAP service effective June 27, 2005.” Ind. Exh. 3 at 4.

Following his completion of the EAP requirements, the individual has maintained a high level of attendance at AA and acquired an AA sponsor. The individual has submitted AA attendance records showing that he typically attends four to five AA meetings every week. See Ind. Exh. 1. The individual’s AA sponsor testified at the hearing and corroborated the individual’s AA attendance. Tr. at 74. The AA sponsor further testified that the individual has become an active participant in AA meetings, appears seriously committed to maintaining his sobriety and has developed a close support group of AA friends. Tr. at 76, 78-79.

The individual began seeing his present alcohol counselor (Counselor) in September

2005, and has continued seeing the Counselor every two weeks. Tr. at 110, 141; Ind. Exh. 1. The Counselor is a psychologist who specializes in the treatment of alcohol and drug addiction. Tr. at 142-43. According to the individual, the primary focus of his sessions with his Counselor is: "My sobriety, maintaining it, any problems that could crop up that would challenge my sobriety." Tr. at 111. However, the individual stated that the Counselor is also treating him for issues of depression, acknowledging his depression "was one of the problems, I think I was medicating myself with alcohol." *Id.*<sup>2/</sup> The individual first reported his symptoms of depression to his primary care physician in 2002, and was placed on an anti-depressant medication, Effexor. The individual discontinued the medication on his own after seven months. However, in September 2003, the individual's depression recurred with the collapse of his marriage. He was again treated with Effexor and has continued to take the medication since that time. See DOE Exh. 16 at 10; Ind. Exh. 9 at 4.

The Counselor testified at the hearing and confirmed that his bi-weekly sessions with the individual focus on "two things, it's like a dual diagnosis in terms of his alcohol problem as well as his depression." Tr. at 144-45. Regarding his use of alcohol, the Counselor stated that the June 2004 DWI was a "wake-up call" for the individual, that the individual is committed to his recovery, and that the individual has the internal motivations and external support systems in place to maintain his sobriety. See Tr. at 149-51. At the time of the hearing, the individual had achieved 21 months of sobriety and the Counselor gave him a "very good prognosis" and opined that the individual has a "very low probability of relapse." Tr. at 157.

The Counselor further testified that the individual has come a long way in understanding his depression. Tr. at 154. According to the Counselor, the individual's depression is under control and there is no cognizable risk at this time of it causing a defect in the individual's judgment and reliability: "No, not now, not at this level with his continuing and therapy and continuing to take the medication and address those issues." Tr. at 157.<sup>3/</sup> In January 2006, the Counselor referred the individual to a

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<sup>2/</sup> While the DOE Psychiatrist did not find sufficient evidence to diagnose the individual with Major Depressive Disorder, the individual's reported symptoms of depression (including anxiety, low self-esteem and insomnia) were of significant concern to the DOE Psychiatrist in relation to his alcohol dependence. The DOE Psychiatrist states in her report that "although his depressive and anxiety symptoms have never caused impairment in reality testing, the risk of relapse of alcohol dependence is increased by this co-morbidity especially with continuing symptoms of depression." DOE Exh. 16 at 18.

<sup>3/</sup> The plant psychologist agreed that the individual is now past the depression related to his divorce, in testifying that: "[H]e's worked through the divorce thing, feels good about that now." Tr. at 16.



psychiatrist (Evaluating Psychiatrist) for an independent assessment of the individual's depression. Tr. at 112-13. In her report, the Evaluating Psychiatrist diagnosed the individual with Major Depression, Recurrent, but determined that since resuming the Effexor anti-depressant medication in 2003, "the individual has been maintained on this dose and followed by his primary care physician . . . with remission of his acute depressive symptoms. His mental status is evaluated to be stable and he appears to be committed to his alcohol rehabilitation program." Ind. Exh. 9 at 4.

The individual's father, sister and close friends uniformly testified that the individual has made a remarkable turnaround in his life since the June 2004 DWI, and now displays a positive attitude about himself. See Tr. at 24, 33, 44, 66, 89. The individual's supervisor similarly testified that since June 2004, "[the individual's] attitude is different. He appears to me to enjoy life a little better, and, I mean, just completely different." Tr. at 55. Although the individual's son resides with his ex-wife, the individual spends time with his son on nearly a daily basis, and they have built a close relationship since the individual has stopped drinking. Tr. at 30-31, 63, 89. The individual and his son have begun attending church together. Tr. at 31, 131-32. The individual has also begun taking college courses two times a week. Tr. at 117.

Finally, I found the individual to be forthright and convincing in stating his commitment to maintaining his sobriety by remaining in AA and continuing sessions with his Counselor as long as required. Tr. at 137. The individual knows that he has a solid support system around him. Tr. at 133. The individual's sincerity was clearly evident when testifying: "I'm going to say I do not see me ever going back to the bottle. I've just learned too much, and things have been too good this last 20, 21 months to reverse course. You know, you're always going to have ups and downs, hardships, but now I have a support system and the knowledge has to deal with the things that might come down, come my way. . . And in retrospect, that night when I ran that deputy off the road in [other State], that neither one of us got killed, I think the good Lord was watching out for me, and I think I will do everything in my power as long as I can to let him – to keep me away from alcohol, and I really don't know what to add to that." Tr. at 139-40.

### C. Rehabilitation and Reformation

In her report, the DOE Psychiatrist recommended as adequate evidence of rehabilitation: 1) continued attendance at AA meetings with sponsorship at least two times per week for another year; 2) continued individual counseling as deemed necessary by his present counselor; 3) evaluation and treatment by a psychiatrist to fully assess and monitor the individual's depression; and 4) random blood tests and

alcohol screening at least once a month for a period of one year. DOE Exh. 16 at 18.<sup>4/</sup> The DOE Psychiatrist testified last at the hearing after listening to the testimony of the individual and his witnesses, including the opinion of the Counselor, and examining the documentary evidence submitted by the individual. When asked whether in her opinion the individual had presented adequate evidence of rehabilitation, the DOE Psychiatrist stated: "I have not heard any new information that will change my recommendation, so I still believe that he needed to continue AA attendance with a sponsorship for at least another year." Tr. at 172.

The DOE Psychiatrist acknowledged that the individual had achieved the other three elements of her recommendation for adequate rehabilitation, including individual counseling, stabilization of the individual's depression, and random alcohol testing.<sup>5/</sup> Tr. at 172-73, 180. However, the DOE Psychiatrist's report was issued in April 2005 and, at the time of the hearing in February 2006, the individual was two months short of achieving a full additional year of sponsored AA attendance that she specified as the final element to establish adequate rehabilitation. Tr. at 176, 180. The DOE Psychiatrist therefore expressed her opinion that the individual had not yet shown adequate evidence of rehabilitation at that time. Tr. at 176.<sup>6/</sup>

At the close of the hearing, I granted a request by counsel for the individual for leave to file his closing statement in writing and to supplement the record. Tr. at 181. In his closing statement, filed on March 7, 2006, counsel for the individual requested that the record remain open until the end of April 2006, to allow the individual to submit evidence of his fulfillment of the full year of additional AA attendance required by the DOE Psychiatrist. Individual's March 7, 2006 submission at 3. Counsel further noted that his request was unopposed by DOE Counsel. I granted this request by correspondence dated April 7, 2006. On May 2, 2006, the individual submitted a sworn affidavit that he had continued his AA attendance, with a sponsor, for at least twice a week through April 2006, as required by the DOE Psychiatrist, and additionally provided a signed log of the meetings he attended. See Affidavit of Individual, filed

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<sup>4/</sup> With regard to reformation, the DOE Psychiatrist recommended that the individual have two years of sobriety if he goes through the specified rehabilitation treatment program, or three years of sobriety if he does not.

<sup>5/</sup> The plant psychologist testified at the hearing that the individual has been subject to random alcohol testing since October 2004, and that the individual will be subjected to six random tests over the next nine months. Tr. at 15.

<sup>6/</sup> The DOE Psychiatrist adhered to her requirement for a full additional year of AA attendance of "two times per week" although the individual submitted signed attendance records showing that he had been attending AA on an average of four times a week since October 2004. See DOE Exh. 16 at 18; Ind. Exh. 1.

May 2, 2006, and attachment. The individual also affirms in his affidavit that he has maintained his sobriety, which he began June 23, 2004.

Having fully considered the present record of this case, I have determined that the individual has achieved adequate rehabilitation. It is clear from the record that the individual has done everything possible to confront his alcohol dependence since being arrested for DWI in June 2004. From all accounts, the individual has turned his life around, and I am persuaded by the individual's assurances that he has put alcohol behind him. According to his Counselor, there is a very low risk of the individual relapsing into alcohol use at this time. Further, the individual has now established all of the elements required by the DOE Psychiatrist to demonstrate adequate evidence of rehabilitation. I therefore find that the individual has sufficiently mitigated the security concerns raised under Criteria H and J.

### **III. Conclusion**

As explained in this Decision, I find that DOE Security properly invoked 10 C.F.R. §§ 710.8(h) and (j) in suspending the individual's access authorization. For the reasons I have described above, I find that the individual has mitigated the security concerns associated with his prior use of alcohol and diagnosis of Alcohol Dependence. I therefore find that restoring the individual's access authorization would not endanger the common defense and security and would be consistent with the national interest. Accordingly, I find that the individual's access authorization should be restored. Review of this Decision by an Appeal Panel may be sought under the regulations set forth at 10 C.F.R. § 710.28.

Fred L. Brown  
Hearing Officer  
Office of Hearings and Appeals

Date: May 31, 2006